

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

State Index No. 136
County Registrar No. 725
Local Registrar No. _____

No. 212 Depot Hill
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Salie Ortey
Sex of Child Female
Date of birth Sept. 14, 1924
Month Sept. day 14 year 1924

4. Twin, first or other _____ 5. Legitimate _____ 6. Date of birth _____
5. No., in order of birth 1 yes _____

8. FATHER
Full name Manuel Ortey
Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
Color or race Mex
Age at last birthday 30 (Years)
Birthplace (city or place) Zacatecas
(State or country) Mex
Occupation _____
Nature of industry Miner

14. MOTHER
Full maiden name Sofia Inojosa
Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
Color or race Mex
Age at last birthday 24 (Years)
Birthplace (city or place) Chihuahua
(State or country) Mex
Occupation _____
Nature of industry Housewife

10. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 8 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Beryl M. Brown M.D.
(Physician or midwife)
Address Miami, Arizona
Filed Sept 30, 1924
Local Registrar.
Filed 10-6 1924 B. G. J. A.
County Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make his return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from _____
Month, day, year. _____
Registrar.

269-914-291